Application or Docket Number

	PAILINIA	Effect	(0	,	106	6	567	3				
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	LEN	ITITY	OR	OTHER SMALL I	
TOTAL CLAIMS			16				RAT	RATE			RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			1 6 minus 20=		* Ø		X\$ 9	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		* Ø		X42=			OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+140	+140=		OR	+280=	
* If the difference in column 1 is less tha				zero, enter "0" in column 2			TOTA	TOTAL		OR	TOTAL	<u> </u>
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMA	LL E	ENTITY.	OR	OTHER SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		∠ RATE	ADDI- TIONAL FEE
	Total	* 14	Minus	** )	0	= /	X\$ 9	=		OR	X\$18=	<u> </u>
	Independent	* 3'	Minus	***3		= /	X42	= .		OR	X84=/	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							)=		OR	+280=	
								TAL		OB	TOTAL	
		(Column 1)		(Colur	nn 2)	(Column 3)	ADDIT. I	-EE		1	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		·=	X42	=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		+140	)==	·	OR	+280=	
							TO ADDIT. I	TAL		OR	TOTAL ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT. EXTRA	RAT	Ε	-ADDI TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	<u>=</u>		OR	· X\$18=	
	Independent	*	Minus ···	***	r 01 - 12 1	=	X42	=	200000000000000000000000000000000000000	OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=								OR.	+280=		
B	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL ADDIT. FEE	

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

文章 化二次的 人名英格兰 医水黄素 医皮肤性 医皮肤炎